

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

28328

FILED SEP 6 1955

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

7177

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. CITY OR TOWN <u>SANDOLA</u> c. CITY OR TOWN <u>SANDOLA</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>2 WKS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CHILDREN'S</u>		STREET ADDRESS (If rural, give location) <u>Box 207 8128</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alta</u> b. (Middle) <u>MAXINE</u> c. (Last) <u>YOHO</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-15-55</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>8-1-55</u>	
9. AGE (In years last birthday) <u>14</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>CENTRAL ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>RAYMOND YOHO</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET MAXWELL</u>	
14. NAME OF HUSBAND OR WIFE <u>J. EGAN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>J. EGAN</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS <u>500 So. Kings Highway</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Operation</u> DUE TO (c) <u>Hypertension, left</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>601x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8-1-</u> , 1955, to <u>8-15</u> , 1955, that I last saw the deceased alive on <u>8-15</u> , 1955, and that death occurred at <u>12:15 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>G. H. McDaniel M.D.</u>		23b. ADDRESS <u>St. Louis Children's Hosp.</u>	
23c. DATE SIGNED <u>8-16-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-16-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Flora Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Flora, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>AUG 17 1955</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. St. Louis</u>	
REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		ADDRESS <u>Sandola Ill.</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Bill C. Branson*

Licensed Embalmer No. *4-2-6*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.